

I. Name of Lobbyist(s) \_\_\_\_\_

## STATE OF NEW HAMPSHIRE

#### 2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

# RECEIVED

PLEASE PRINT

James V. Hatem

OCT 3 0 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

| (Name of partnership, firm or corporation) 900 Elm Street Manchester NH 0310  Business Address: (Street) (Town/City) (State) (Zig)  (603) 628-4062 (866) 947-0952 e-mail jhatem@nixonpeabody.  (Telephone) (Fax)  III. This statement covers: (Choose one – file separate reports for each client, OR you may file a separeportable expense transactions which are not attributable to any one client).  All reportable transactions occurring in the months prior to the reporting date relative to the following of State Farm Insurance Companies  (Full Name of Client as it appears on the Lobbyist Registration Form)  OR  | ip Code)<br>com<br>arate re |
|--|-----------------------------|
| Business Address: (Street) (Town/City) (State) (Zights)  (603) 628-4062 (866) 947-0952 e-mail jhatem@nixonpeabody.  (Telephone) (Fax)  II. This statement covers: (Choose one – file separate reports for each client, OR you may file a separe portable expense transactions which are not attributable to any one client).  All reportable transactions occurring in the months prior to the reporting date relative to the following of State Farm Insurance Companies  (Full Name of Client as it appears on the Lobbyist Registration Form)   | ip Code)<br>com<br>arate re |
| 603) 628-4062 (866) 947-0952 e-mail jhatem@nixonpeabody.  (Telephone) (Fax)  II. This statement covers: (Choose one – file separate reports for each client, OR you may file a separeportable expense transactions which are not attributable to any one client).  All reportable transactions occurring in the months prior to the reporting date relative to the following of State Farm Insurance Companies  (Full Name of Client as it appears on the Lobbyist Registration Form)  | com                         |
| (Telephone)  (Fax)  I. This statement covers: (Choose one – file separate reports for each client, OR you may file a separate reportable expense transactions which are not attributable to any one client).  (All reportable transactions occurring in the months prior to the reporting date relative to the following of State Farm Insurance Companies  (Full Name of Client as it appears on the Lobbyist Registration Form)  | arate re                    |
| All reportable transactions which are not attributable to any one client).  All reportable transactions occurring in the months prior to the reporting date relative to the following of State Farm Insurance Companies  (Full Name of Client as it appears on the Lobbyist Registration Form)   |                             |
| All reportable transactions occurring in the months prior to the reporting date relative to the following of State Farm Insurance Companies  (Full Name of Client as it appears on the Lobbyist Registration Form)   | client:                     |
| State Farm Insurance Companies  (Full Name of Client as it appears on the Lobbyist Registration Form)  | client                      |
| (Full Name of Client as it appears on the Lobbyist Registration Form)  | ciiciit.                    |
|  |                             |
| OR CONTRACTOR OF THE CONTRACTO | _                           |
|  |                             |
| All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed be neelated to any particular client.   | below v                     |
| V. Date of Report April 25, 2018   July 25, 2018   |                             |
| eports cover: activity from date of registration to 3/31/18 activity from 4/1/18 to 6/30/18  |                             |
| October 31, 2018   |                             |
| V. There have been no fees received and no reportable transactions made since the last repo<br>If this box is checked, complete just this form and submit it to the Secretary of State's Office, State House, E<br>Concord, NH 03301.  |                             |
| VI. Check if additional reports are attached:  |                             |
| If you have received fees or made expenditures, you must file Addendum A- Fees and Expenses  |                             |
| If you have paid an honorarium or reimbursed expenses, you must file Addendum B- Report of Honor expense Reimbursement   | rariums                     |
| If you, your firm, or your family has made political contributions, you must file Addendum C-Politic   | al Con                      |

#### P L E A S E P R

N

T

# STATE OF NEW HAMPSHIRE

### Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

| I. Name of Lobbyist(s) James V. Hatem   |   |  |
|---|---|--|
| II. Name of lobbyist's partnership, firm or corporation, if any:  Nixon Peabody LLP   |   |  |
|   |   |  |
| III. Name of Client State Farm Insurance Companies  | Date  |  |
| IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The grareduced by any expenses:  | relations, or public relations services<br>oss fee amount reported shall not be |  |
| a) Total of all fees received in this reporting period  | a) \$17,800.00  |  |
| b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)  | b) \$   |  |
| c) Total of all fees received to date (Add lines a and b)   | c) \$53,400.00  |  |
| d) Indicate the amount of any such fees that are due, but have not yet been paid  | d) \$   |  |
| V. Expenses:  Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to report all expenses made from lobbying fees. Separate reports are to be filed for expenditures made relative to each client and if expenditures are made by the lobbyist(s)/firm that are unrelated to any one client a separate report may be filed for the lobbyist(s)/firm. Expenses are to be reported in one of three categories of expenses: (a) the aggregate total of all expenses paid during the reporting period for salaries, benefits, support staff, and office expenses; (b) the aggregate total of all individual expenses where the expenditure was of \$25.00 or less (for example: meals purchased during a business lunch where the cost was \$25.00 or less, purchase of a pen with a value of less than \$10 that is given to the person being lobbied, purchase of a ceremonial object given to a person being lobbied with a value of \$25.00 or less); and (c) an itemized statement of each individual expenditure made during this reporting period of greater than \$25.00 for any purpose not covered by (a) (for example: purchase of a meal with value of greater than \$25, purchase of a ceremonial object to be given to the subject of lobbying with a value greater than \$25, but not greater than \$50 restaurant expenses for a legislative reception). Expenses for honorariums, expense reimbursement, or political contributions will be reported on separate addendums and should not be reported on Addendum A. |   |  |
| a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.   | a) \$17,800.00  |  |
| b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.   | b) \$   |  |
| c) Total of all itemized expenditures reported in detail in section VI.   | c) \$   |  |

| d) Total expenses for this reporting period (Add lines a, b and c)   | 17,800.00<br>d) \$                 |
|--|------------------------------------|
| e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report) | e) \$                              |
| f) Total of all expenses year to date  | f) \$53,400.00                     |
| VI. Other Expenses:  Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.  | obbying fees during this reporting |
| Paid to:   | Amount:                            |
|  | \$                                 |
|  | \$                                 |
|  | \$                                 |
|  | \$                                 |
|  | \$                                 |
|  | \$                                 |
|  |                                    |
|  |                                    |
| Sworn Statement/Affirmation by Lobbyist  |                                    |
| I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm  | m that the foregoing information   |
| is true and complete to the best of my knowledge and belief.   |                                    |
| 1 Voter  | 10/29/18                           |
| (Signature of lobbyist)  | (Date)                             |
| James V. Hatem   |                                    |
| (Print Name of lobbyist)   |                                    |